

GENERAL FACT SHEET

BILL NUMBER 10R-250

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply of Radio Batteries, Bid No. 10-103		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide Annual Supply of Radio Batteries from BatteryZone, Inc. and OSI Batteries for the City of Lincoln as per Bid No. 10-103 for four (4) years. This service will be used by Radio Shop for the acquisition batteries as needed. The estimated cost is \$196,625.00 for the four (4) year period.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Radio Shop
	Applicants/Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS**POLICY/PROGRAM IMPACT**

Resolution to provide Annual Supply of Radio Batteries from BatteryZone, Inc. and OSI Batteries for the City of Lincoln as per Bid No. 10-103 for four (4) years. This service will be used by Radio Shop for the acquisition batteries as needed. The estimated cost is \$196,625.00 for the four (4) year period.	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST <input type="checkbox"/> Front Foot Assessment <input type="checkbox"/> Square Foot \$ _____ Average \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Shelly Hinze

REVIEW BY:

REFERENCE NUMBER